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More Details on H1N1 Vaccine Distribution in Massachusetts

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By the end of this week, more than 660,000 doses of H1N1 vaccine will have been distributed to providers in Massachusetts – just the tip of the iceberg of the total 3.5 million doses we expect to receive this flu season. However, to put things in perspective, those 660,000 doses are enough to vaccinate just 10% of the state's population. This is not where we expected to be at this point, based on what we were initially told by the federal government, and it creates a difficult and frustrating situation for everyone, especially those people at greatest risk of complications from the H1N1 flu.

These initial limited supplies have been prioritized for distribution to the health care providers who serve the populations at the highest risk of H1N1 flu – pregnant women, children, and caregivers of infants less than 6 months old. It has also been prioritized for health care workers with direct patient contact in light of their vital role in keeping the health care system working. DPH believes this targeted distribution approach, using health care providers who serve these high risk groups every day, is the most effective way to ensure the vaccine gets to those who need it most as quickly as possible.

As vaccine supplies arrive in larger quantities, more and more providers will receive vaccine for their patients. Vaccine will then be targeted to young adults up to 24 years old and people 25-64 with chronic health problems. Eventually, flu clinics for the general public will begin. However, they won't be scheduled until there are large enough quantities of vaccine available to support them. Based on current projections from the Centers for Disease Control, these flu clinics will not likely be feasible until December. When they have been scheduled, you can find one near you at <http://flu.masspro.org>. It is important to note that no H1N1 clinics are listed at this time because there is not enough vaccine to run them.

This vaccine supply situation is complex and confusing. We continue to receive requests for further details on how vaccine arrives in the state, the role of DPH in that process, and how providers receive word on upcoming vaccine availability. Here's how the system works:

There are 9 different vaccine formulations approved for various age groups. Vaccine comes as thimerisol-free prefilled syringes, multidose vials with thimerisol, and live, attenuated virus nasal

spray (Flumist). So, the doses of vaccine are not interchangeable. They can only be used for the groups they were made and approved for. More detailed information is available on this [chart](#).

When a provider first registers with DPH to receive H1N1 vaccine, they include key details about their practice, including:

- Type of practice and target patient population served
- Capacity to vaccinate (how many people could they vaccinate in a month with sufficient vaccine supplies)
- Whether they are willing to receive live attenuated vaccine formulations (e.g., Flumist vaccine)
- How much vaccine and which formulations they would like to order

Several times each week, DPH receives notice about how much newly available vaccine, in which formulations, we can expect to receive. We use the details provided to our vaccine registration system to figure out where that vaccine should be shipped. For instance, pregnant women can't take Flumist, so if the only vaccine available is Flumist, we cannot send that new quantity to OB/GYNs. It can however, be administered to healthy children, and would therefore be sent to pediatricians.

DPH does not play any role in physically receiving and redistributing H1N1 vaccines, which are shipped directly to providers in the community. However DPH does play a vital role in matching up available formulations to appropriate providers as vaccine comes off the production line.

There are more than 4,000 health care providers in Massachusetts that have signed up with DPH to receive H1N1 vaccine this year. (The actual number of vaccination sites is higher, because some of the larger providers will further distribute their allocations of vaccine to their affiliated provider locations.) Virtually all of the providers that serve the priority groups have received some amount of vaccine and will receive more in the coming weeks. However, very few have received all of the vaccine that they wanted because we just have not gotten enough vaccine yet.

Unfortunately, the vaccine supply is unpredictable during these early days of distribution and at this time, the state does not have enough vaccine for everyone in the highest priority groups. Massachusetts has 3.4 million residents that fall into one of the target groups for H1N1 vaccine because of the age, health status or because they could transmit the virus to infants younger than 6 months of age or to vulnerable patients. Thus, it is possible that a pregnant woman with an underlying health condition may not be able to get vaccinated right away. As more vaccine becomes available in all of the various formulations, these allocations will even out, and all pregnant women that wish to be vaccinated can be.

Understandably, given the delays in receiving large quantities of vaccine, people want to know exactly where the vaccine has been shipped. We have received requests for specific information about which providers have how much of which formulations at any given time. This information is difficult to accurately convey as the situation is constantly evolving. Even if it were easy to describe, releasing that detailed information would likely result in an overwhelming surge of calls and visits to providers, preventing them from quickly and efficiently dispensing the vaccine that they have available to their most at-risk patients. These disruptions may also

discourage providers from wanting to participate in the H1N1 vaccination program, contributing to further delays in getting vaccine to individuals in the community.

DPH is as frustrated as you are about the current situation. Regrettably, neither the states nor the federal government have the ability to speed vaccine production. What we can do is pledge to distribute the vaccine to the appropriate providers as soon as it becomes available and to keep providing the most up to date information on the situation.

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